



**NEEDHAM**

**FOR OFFICE USE ONLY**

# BUILDING DEPARTMENT APPLICATION

DATE
PERMIT NUMBER

LOCATION OF BUILDING	AT (LOCATION) _____ <div>(NO)</div> <div>(STREET)</div>		ZONING DISTRICT _____
	BETWEEN _____ <div>(CROSS STREET)</div>		AND _____ <div>(CROSS STREET)</div>
	SUBDIVISION _____		LOT(S) _____ (PLAT) _____
TYPE AND COST OF BUILDING			
A. TYPE OF IMPROVEMENT		D. PROPOSED USE — For "Wrecking" most recent use	
1 <input type="checkbox"/> New Construction		Residential	
2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D, 13)		12 <input type="checkbox"/> One Family	
3 <input type="checkbox"/> Alteration (See 2 above)		13 <input type="checkbox"/> Two or more family Enter number of units _____	
4 <input type="checkbox"/> Wood stove or fireplace (See Part P)		14 <input type="checkbox"/> Swimming Pool	
5 <input type="checkbox"/> Wrecking (If multifamily residential, enter number of units in building in Part D, 13. See Part Q)		15 <input type="checkbox"/> Garage	
6 <input type="checkbox"/> Moving (relocation) (See Part Q)		16 <input type="checkbox"/> Carport	
7 <input type="checkbox"/> Foundation only		Nonresidential	
		18 <input type="checkbox"/> Amusement, recreational	
		19 <input type="checkbox"/> Church, other religious	
		20 <input type="checkbox"/> Industrial	
		21 <input type="checkbox"/> Parking garage	
		22 <input type="checkbox"/> Service station, repair garage	
		23 <input type="checkbox"/> Hospital, institutional	
		24 <input type="checkbox"/> Office, bank, professional	
		25 <input type="checkbox"/> Public utility	
		26 <input type="checkbox"/> School, library, other educational	
		27 <input type="checkbox"/> Stores, mercantile	
		28 <input type="checkbox"/> Tanks, towers	
		29 <input type="checkbox"/> Other—Specify _____	
B. OWNERSHIP		Brief Description _____ _____ _____	
8 <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)			
9 <input type="checkbox"/> Public (Federal, State or local government)			
C. COST	(Omit Cents)	E. ALL USES	
10 Cost of improvement _____ \$	\$ _____	30 Use Group _____	31 Const. Type _____
To be installed but not included in the above cost		32 Wind Load _____	33 Snow Load _____
a. Electrical _____		34 Floor load 1st _____ 2nd _____ 3rd _____	
b. Plumbing _____		35 Size of Bldg. Front _____ Right _____	
c. Heating, air conditioning _____		Rear _____ Left _____	
d. Other (elevator, etc.) _____		36 Sprinkler System _____	37 Emergency Lights _____
11 TOTAL COST OF IMPROVEMENT _____ \$	\$ _____		
F. IS ANY PART OF THE BUILDING IN FLOOD PLAIN OR WETLANDS?			
G. PRINCIPAL TYPE OF FRAME	I. TYPE OF SEWAGE DISPOSAL	L. DIMENSIONS	
38 <input type="checkbox"/> Masonry (wall bearing)	48 <input type="checkbox"/> Public or private company	54 Number of stories _____	
39 <input type="checkbox"/> Wood frame	49 <input type="checkbox"/> Private (septic tank, etc.)	55 Total square feet of floor area, all floors, based on exterior dimensions _____	
40 <input type="checkbox"/> Structural steel	J. TYPE OF WATER SUPPLY	56 Total land area, sq. ft. _____	
41 <input type="checkbox"/> Reinforced concrete	50 <input type="checkbox"/> Public or private company	M. NUMBER OF OFF-STREET PARKING SPACES	
42 <input type="checkbox"/> Other—Specify _____	49 <input type="checkbox"/> Private (well, cistern)	57 Enclosed _____	
H. PRINCIPAL TYPE OF HEATING FUEL	K. TYPE OF MECHANICAL	58 Outdoors _____	
43 <input type="checkbox"/> Gas	52 Will there be central air conditioning? <input type="checkbox"/> Yes <input type="checkbox"/> No	N.	
44 <input type="checkbox"/> Oil	53 Will there be an elevator? <input type="checkbox"/> Yes <input type="checkbox"/> No	59 Number of Bedrooms _____	
45 <input type="checkbox"/> Electricity		60 Number of bathrooms { Full _____ Partial _____	
46 <input type="checkbox"/> Coal			
47 <input type="checkbox"/> Other—Specify _____			

IDENTIFICATION—To be completed by all applicants		PLEASE PRINT IN LARGE LETTERS	
Name		Mailing address—Number, Street, City, State and Zip	Tel Number
1. Owner			
2. Const. Supervisor	Lic. #		
3. Architect or Engineer	Lic. #		
4. Land Surveyor	Lic. #		
5. General Contractor	Lic. #		
6. Leasee:			
Signature of Owner		Address	Application Date
Signature of License Holder		Address	Application Date

#### O SWIMMING POOLS

Preliminary approval required by Board of Health as to Location on lot, Drainage, Safety factors, Plumbing Code and existing Sewage disposal system. All pertinent data to be incorporated on plot plan.

Board of Health preliminary approval by \_\_\_\_\_ Date \_\_\_\_\_

Electrical Contractor \_\_\_\_\_ Wiring Permit No. \_\_\_\_\_

Type of Pool \_\_\_\_\_ Material \_\_\_\_\_

Capacity \_\_\_\_\_ gallons Length \_\_\_\_\_ Width \_\_\_\_\_ Depth \_\_\_\_\_

Approved by Registered Architect or Engineer? \_\_\_\_\_

Is the builder a member of the national Swimming Pool Institute? \_\_\_\_\_

Will pool be heated? \_\_\_\_\_ Electrically \_\_\_\_\_ Oil \_\_\_\_\_ Natural Gas \_\_\_\_\_ LP. Gas \_\_\_\_\_

Fence \_\_\_\_\_ Material \_\_\_\_\_ Height \_\_\_\_\_ Approved Locking Device \_\_\_\_\_

#### P STOVES

Stove Manufacturer \_\_\_\_\_

Stove name \_\_\_\_\_ Model No. \_\_\_\_\_

Approved by \_\_\_\_\_

How vented \_\_\_\_\_ Where installed \_\_\_\_\_

#### Q WRECKING-RELOCATING

Before this application will be approved by the Building Inspector a certificate must be obtained from the Needham Board of Health Certifying that a program of rodent eradication has been successfully completed at the above referred to premises.

In addition to the foregoing statements this construction shall be performed under the Building and Zoning By-Laws of the Town of Needham and the applicable laws of the Commonwealth of Massachusetts. It shall not be lawful to start construction before the foundation permit is issued by the Building Inspector. Superstructure shall not be started until the Building Permit Card has been issued and properly posted on the premises as required by law.

NOTE: Building plans including floor framing and elevations must be submitted in duplicate (reverse plans or improper plans will not be accepted). Plot plans are required whenever the work consists of an addition.

#### OFFICE USE ONLY

REQUIRED	FURNISHED
\$2000	BOND
ST.	OCC. PERMIT
SURVEY	RECORD

Note: No dumping or demolition materials allowed at Needham Disposal area.



# TOWN OF NEEDHAM

470 Dedham Ave.  
Needham, Massachusetts 02192



7d # 617 455 7542

Permit #
Date

## AFFIDAVIT

### HOME IMPROVEMENT CONTRACTOR LAW SUPPLEMENT TO PERMIT APPLICATION

M.G.L. c. 142A requires that the "reconstruction, alteration, renovation, repair, modernization, conversion improvement, demolition, or construction of an addition to any pre-existing owner occupied building containing at least one but not more than four dwelling units... or to structures which are adjacent to such residence or building" be done by registered contractors, with certain exceptions, along with other requirements.

Date of Application \_\_\_\_\_

Type of Work: \_\_\_\_\_ Est. Cost \_\_\_\_\_

Address of Work \_\_\_\_\_

Owner Name \_\_\_\_\_

Home Improvement Contractor \_\_\_\_\_

H.I.C. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

H.I.C. Telephone # \_\_\_\_\_

I hereby certify that :

_____ Work excluded by law	_____ Job under \$1,000
_____ Building NOT owner occupied	_____ Owner pulling own permit
_____ Other (specify) _____	

Signed under penalties of perjury: I hereby apply for a permit as the agent of the owner:

\_\_\_\_\_  
Date Contractor \_\_\_\_\_ Registration # \_\_\_\_\_

OR

Notice is hereby given that:

OWNERS PULLING THEIR OWN PERMITS OR DEALING WITH UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND UNDER M.G.L. c 142A.

Notwithstanding the above notice, I hereby apply for a permit as the owner of the above property:

\_\_\_\_\_  
Date Owner \_\_\_\_\_



# COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF INDUSTRIAL ACCIDENTS

600 WASHINGTON STREET

BOSTON MASSACHUSETTS 02111

## WORKER'S COMPENSATION INSURANCE AFFIDAVIT

I, \_\_\_\_\_ DBA \_\_\_\_\_  
(License / Permittee)  
with a principal place of business / residence at: Street & # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

do hereby certify, under the pains and penalties of perjury, that :

☐ I am an employer providing the following worker's compensation coverage for my employees working on this job

\_\_\_\_\_  
Insurance Company Policy number

☐ I am a sole proprietor and have no one working for me

☐ I am a sole proprietor, general contractor or homeowner ( circle one ) and have hired the contractors listed below who have the following worker's compensation insurance policies.

\_\_\_\_\_  
Name of Contractor Insurance Company / Policy Number

\_\_\_\_\_  
Name of Contractor Insurance Company / Policy Number

\_\_\_\_\_  
Name of Contractor Insurance Company / Policy Number

\_\_\_\_\_  
Name of Contractor Insurance Company / Policy Number

☐ I am a homeowner performing all the work myself

NOTE : Please be aware that while homeowners who employ persons to do maintenance, construction or repair work on a dwelling of not more than three units in which the homeowner also resides or on the grounds appurtenant thereto are not generally considered to be employers under the Workers Compensation Act ( GL C 152 sec 1(5)), application by a homeowner for a license or permit may evidence the legal status of an employer under the Worker's Compensation Act.

I understand that a copy of this statement will be forwarded to the Department of Industrial Accidents Office of Insurance coverage for verification and that failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties consisting of a fine up to \$1,500.00 and / or imprisonment of up to one year and civil penalties in the form of a Stop Work Order and a fine of \$100.00 a day against me.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

\_\_\_\_\_  
Licensee / Permittee

\_\_\_\_\_  
Licensor / Permitter